

**Request for Assistance Case No:**

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| --- | --- | --- |
|  | Party 1 |  Party 2 |
| First name |  |  |
| Surname |  |  |
| Address |  |  |
| **Phone number Home****Phone number Mobile** |  |  |
| **Email address** |  |  |
| **Has party two given permission for their details to be passed to MH/can we contact them?**  |  |  |
| Clients availability am/pm/evenings/any |  |  |
| Can client drive/come to office? |  |  |
| Home owner/council tenant/Housing Ass tenant/renting? |  |  |
| How did you hear about Mediation Hertfordshire? |  |  |
| **Any special communication needs/disability?** |  |  |
| **Has any violence occurred or been threatened, or are any court orders in place?** |  |  |
| **Brief summary of issues:** |  |  |